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## FOREIGN DEPARTMENT

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### THE NORWEGIAN COUNCIL OF TRAINED NURSES<sup>1</sup>

THE historical development of sick-nursing in Norway (2,649,775 inhabitants) is more or less similar to the development in other countries. We got our first training school when the Norwegian Institute of Nursing Sisters was established in 1868. It is planned after the pattern of the mother institute at Kaiserswerth. Miss Cathinka Guldberg was trained at Kaiserswerth and became Norway's first nursing sister.

In 1864 was established the Norwegian Red Cross Society, which in 1893 started its own school. Several private institutions and societies interested in philanthropic and social work took up sick-nursing on their programme. Of these the Norwegian Women's Health Association was founded in 1896 and opened a training school in 1898, while the Methodist Nursing Sisters' Home was established in 1898. These institutions followed the German model with the erection of small nursing homes, generally quite independent of and situated some distance from the teaching establishments, hospitals and clinics. In these homes the young girls came under such influences that they became willing and self-sacrificing workers in the field of sick-nursing. Religion and ethics were important subjects of instruction. Less importance was attached to the securing of good teaching materials, and the nurses themselves had little or no in-

fluence on the planning of the course of instruction. These homes and schools could not in the long run meet the demand for nurses, and in 1900 a couple of our large municipal infirmaries started schools, not out of interest for the nursing profession, but because the reform would help to secure cheap assistance and the instruction would render that assistance more serviceable and disciplined. The same practice was introduced as had been adopted by the institutions, namely, that of securing the pupils for several years, and the natural result was the development of the three-year school in these infirmaries, thanks to the influence of the head nurses, first at Bergen's municipal infirmaries in 1898 and a little later at Cristiania municipal infirmaries. For several years the sick-nurses were employed exclusively in the hospitals and a number of nursing sisters as parish nurses. The work of these latter consisted chiefly in helping the clergyman in his parish work and in looking after the poor. At present the sick-nurses, in addition to being employed in hospitals, sanatoriums, homes for consumptives, for the aged and for children, in district nursing and as private nurses, are also engaged in the social work which, in our country, is being greatly developed. In the social field their work is mainly in connection with the local Boards of Health, in the districts as visiting nurses, in the schools and in inspection in the different departments for

<sup>1</sup> Report read at the meeting of the International Council of Nurses, Copenhagen, May, 1922.

tuberculosis, epidemic and venereal diseases, house hygiene and care of children, unmarried mothers and infants, etc. In the municipal office for pensions to mothers and old people, the inspector and her assistants are trained nurses. The sick clubs (Sickness Insurance) have nurses at the polyclinics and as visiting nurses. Some of the factories have nurses in their service and in the office of the Female Inspector of Factories the inspector's assistants are nurses. Moreover they are also working in private associations, such as the Society for the Care of Released Prisoners, etc.

The Norwegian Council of Trained Nurses, the national organization for trained nurses, was founded in 1912 by forty-four sick-nurses, representing the different groups and branches of the nursing profession. Its first president was the founder, Sister Bergliot Larssen. The Norwegian Council of Trained Nurses was formed in order that the nurses might combine to safeguard their profession and its rights, as well as to free it from the many parasites who were working as sick-nurses without having any training.

The objects of the Council are: (a) to form a rallying point for the Norwegian nursing profession and to secure a better combination amongst trained nurses; (b) to safeguard their economic and professional interests; (c) to work for the development of the nursing profession and for the improvement of sick nursing on the whole. The Norwegian Council of Trained Nurses at present numbers 1,150 ordinary members. The headquarters of the Council are in Christiania, but in every county the members form their local association, which again elects its county com-

mittee, with which the governing body must consult regarding the more important matters of interest.

The leadership of the whole organization lies in the hands of the governing body, consisting of seven members, whose task includes, in addition to the organizing and administrative leadership, also the admission of new members. The rules for admission are very strict. The applicant is furnished with a form to be filled up, which besides demanding information about the circumstances, education and examinations passed by the applicant before her training as a nurse began, also requires exhaustive details as to the individual applicant's development and works as a sick-nurse. Together with this form, duly filled up, the applicant must furnish a certificate that she has completed her training as a sick-nurse, as well as other recommendations. The governing body addresses inquiries regarding the applicant to the head nurses and doctors at the schools and subsequent places of work, and only after satisfactory replies have been obtained from these persons will admission to the association be granted and the nurse acquire the right to bear the badge of the Norwegian Council of Trained Nurses, after having signed the rules of the association. The badge is intended to be a proof of ability and of devotion to duty and irreproachable life. It goes without saying that, as regards training, the Norwegian Council of Trained Nurses was in past years obliged to have certain transitional regulations and the taking of supplementary training has been allowed. For admission as member there is now required three years' continuous training in a hospital, the

transitional regulations having been abolished from 1922.

The training has been greatly influenced by the N.C.T.N. We act as a vigilant conscience for the schools and bearing in mind the proverb, "Continual dripping wears away stone," we have again and again repeated our demand: Three years' training in hospitals with sufficient teaching material and systematically planned instruction, both theoretical and practical, during these three years. The schemes for three years' training which we have made out are of great assistance to the schools when improvements are to be made or new schools established. At suitable intervals resolutions passed at the general meetings of the association are sent to the schools, and every time these resolutions appear we may count upon having a discussion started in the daily press in favor of the three-year school, because our opponents must always try to counteract the effects of our resolutions. Neither schools nor institutions have any great liking for our demands or for our control, and our influence is being contested more or less openly, but without success, as the following figures show: In 1912, of fourteen schools, only two were three-year schools; in 1920, there were eighteen schools, of which eight were three-year schools. In 1922, we have twenty-three schools, of which the seventeen largest are three-year schools. The others are very small and mainly aim at trying to train nurses for the country districts. These schools are also to a large extent kept alive by the harmful system adopted by some nursing societies in one or other of the country districts of paying for a young girl's training on the condition

that she binds herself to work for the society and district for several years. The small schools are the most expensive to maintain, and the Norwegian state sacrifices large sums in the form of annual grants. Even over these obstinate schools we have influence; they are now beginning to be more careful in the choice of material, and it is our hope that, owing to the small attendance and thanks to the fact that the public is becoming more and more awake to the advantages of a well-developed and highly-trained nursing profession, they must either become three-year schools or else die out.

State authorization has, of course, stood on N.C.T.N.'s programme since 1912, but we did not dare to come forward with a proposal until we had more three-year schools. We were working our way steadily forward, but we were obliged to take so many things into consideration, partly out of gratitude for the good work that many women and men had done for the cause of nursing and partly because many of our members belong to the different institutions and are in a position of dependence toward them. The Norwegian Medical Association forestalled us and appointed in 1915 a committee, consisting of representatives from the different schools. This committee was large and the nurses were in the minority. Everyone held firmly to his own views, seeing that the reforms would cause the schools much trouble. The committee was at once divided into two factions. Our demand for three years' training was admitted as regards the other branches of our work, for it could not well be rejected, but not for district nursing. The plans of the majority were to the

effect that there should be two kinds of schools: 1. Schools where nurses shall be trained for three years and obtain the title, authorized sick-nurses; 2. Schools where nurses shall be trained for one and one-half years and called officially examined sick-nurses. These latter should be more suitable for employment in country districts and more willing to do rough work.

The minority (the nurses) wished to have only one class of nurses and that authorization should be given only after three years' training in schools with sufficient training material. If this demand should not be carried through, it would be better to postpone the authorization. During the debate were heard the arguments and speeches for and against sufficient training, with which you are all acquainted. We hear once again the doctor's view and the clergyman's view. We have strong friends and strong enemies. This repeats itself in every country where the question comes up for discussion. In 1918 the storm raged fiercely on the question of authorization. The Norwegian Medical Association sent a resolution to the government, in which the government was requested to take the matter up. The Norwegian Council of Trained Nurses held a meeting of protest and demanded that the matter should be postponed until there was a clearer understanding of the work and training in sick nursing, and if a departmental committee should be appointed, that the professionally trained nurses should be strongly represented, and that regard should be paid to N.C.T.N.'s demand for training. At the same time the committee of the Norwegian National Council of Women sent to the government a warm recommenda-

tion of N.C.T.N.'s claim. From November, 1921, till now there has been a lively discussion in the daily press. If our opponents are to be enabled to continue their support of the two-class system for sick-nurses, they must hasten to get the authorization established, for they can well see that the ill-trained nurse is dying out, and the point is to keep her alive by artificial means with the aid of the authorization. She must be recognized by the state, for the nurses' organization will not do so. There has now been submitted to the Norwegian parliament a proposal for the preparation of a law regarding the training of sick-nurses. \* \* \*

N.C.T.N.'s training committee is working on the question of training, and the members are leading nurses. The county associations have also each their representative. The committee has its attention directed to the need of more and better text-books, to plans for the guidance of the schools, to school material, in such reforms as preparatory schools, etc. It also makes recommendations as to the allotment of scholarships.

Repetition courses. In connection with our great general congresses, which are held in different places in Norway, courses of instruction are given. In these courses several hundred nurses take part. N.C.T.N. is fully aware of the necessity of special courses, especially for head nurses, teachers and nurses doing social service work, and the object aimed at is the High School of Nursing, whether it is to be established through co-operation between the Scandinavian lands or separately in each country. A number of nurses have taken part as pupils in the social

courses of the Norwegian National Council of Women.

N.C.T.N.'s engagement bureau arranges engagements for nurses throughout the whole country, both in private nursing and in permanent situations in hospitals, district nursing, during epidemics, etc. In 1919, the Lady Superintendent of the bureau was awarded the King's Gold Medal for Efficient Service. During the war the bureau made arrangements for the sending of nurses to Austria, England, and Finland. The bureau is managed by a committee, the members of which have had many years' experience and work in the different branches of sick nursing. The committee prepares medium-wage tariffs, makes suggestions as to the duties of the various positions in hospitals, sanatoriums, children's homes, district nursing, boards of health, private nursing, etc. Questions of service and all matters concerning the work are laid before this committee before a decision is come by the governing committee.

Amongst the other committees may be mentioned: the Housing Committee, the Working Committee for Co-operation amongst Nurses in the North, the Festival and Bazaar Committee.

*Sykepleien* (sick nursing) is the organ of the N.C.T.N. and of the nursing profession. It began at the same time as N.C.T.N. was founded in 1912.

N.C.T.N.'s Information Bureau has become a central point in the nursing profession. Young girls or their relatives seek written or oral advice and information about the best way of training, and consult the bureau regarding the appointment of nurses, the best way to arrange the work, improvement,

duties, salaries, etc. The local authorities, boards of health, etc., apply to the bureau regarding matters of interest for sick nursing and its development. Ordinary members seek advice as regards further training both at home and abroad.

N.C.T.N.'s passport for nurses who are members of N.C.T.N. and wish to work in other countries is a guarantee certificate written in Norwegian, English, French and German. These passports are signed both by the president and secretary and provided with the necessary stamps.

N.C.T.N. tries to exercise influence on the building and equipment, etc., of hospitals. When the building of a new hospital is announced, an application is sent to the proper quarter requesting that nurses shall be appointed on the building committee. This year resolutions will be sent to every local authority in the country requesting that in case of building or repairing of hospitals, homes for children and for the aged, etc., nurses shall not only be consulted, but shall be responsible members of the different building committees.

The Norwegian Council of Trained Nurses is a member of The Norwegian Council of Women, The Women's National Housing Council, and Co-operation of Nurses in the North.

#### METHOD FOR REMOVING ADHERENT SYRINGE PISTONS

Cool the syringe by placing it on ice for ten minutes, then warm the barrel over a small flame or in warm water. The barrel being the part first warmed, will expand first. A continuous pull on the piston before it becomes warmed and expands will invariably separate the piston from the barrel. The method is particularly effective with record syringes.—Abstracted from the *Journal of the American Medical Association*.